

State/Territory: Idaho

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 92-3

Supersedes

TN No. 91-19

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4/28/92

Effective Date

3/1/92

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State: IDAHO

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: State Approved (Not Physician) Service Plan Allowed

 Services Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not Provided.

TN No. 95-002
Supersedes 93-007 Approval Date 3-29-95 Effective Date 1-1-95

3.1-A Amount, duration and scope of medical and remedial care and services provided:

1. Inpatient Hospital Services: Necessary inpatient hospital care is limited to forty (40) days of hospital care until July 1, 1987. Subsequent to July 1, 1987, no limitation is placed on the number of inpatient hospital days. However, such inpatient services must be medically necessary as determined by the Department or its authorized agent. Payment is limited to semiprivate room accommodations unless private accommodations are medically necessary and ordered by the physician.

Procedures generally accepted by the medical community and which are medically necessary may not require prior approval and may be eligible for payment.

Excluded Services: Elective medical and surgical treatments, except family planning services and non-medically necessary cosmetic surgery, are excluded from Medicaid payment unless prior approved by the Department. New procedures of unproven value and established procedures of questionable current usefulness as identified by the Public Health Service and are excluded by Medicare program are excluded from Medicaid payment.

Surgical procedures for the treatment of morbid obesity and panniculectomies may be covered with prior approval by the Department.

Acupuncture, bio-feedback therapy, and laetrile therapy are excluded from Medicaid payment.

Procedures, counseling, and testing for the inducement of fertility are excluded from Medicaid payment.

Lung transplants, pancreas transplants, multiple organ transplants, and other transplants considered investigative or experimental procedures under Medicare criteria are excluded from Medicaid payment. Only Medicare certified transplant facilities may perform organ transplants.

The treatment of complications, consequences or repair of any medical procedure in which the original procedure was excluded from Medicaid, unless the resulting condition is life threatening as determined by the Medicaid Policy section of the Department is excluded from Medicaid payment.

Hysterectomies that are not medically necessary and sterilization procedures for people under twenty-one (21) are excluded from Medicaid payment.

Abortion Services: The Department will only fund abortions to save the life of the mother or in cases of rape or incest as determined by the courts. Two licensed physicians must certify in writing that the mother may die if the fetus is carried to term. This certification must contain the name and address of the recipient.

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2. a. Outpatient Hospital Services: Procedures generally accepted by the medical community and which are medically necessary may not require prior approval and may be eligible for payment. Refer to items 3.1A-1 and 5 for excluded services and information concerning abortion services.

Excluded Services: Emergency room services are limited to six (6) visits per calendar year. Those services, however, which are followed immediately by admission on an inpatient status will be excluded from the above limitation. Visits by physical therapists and occupational therapists are limited to a total of one hundred (100) visits per recipient per calendar year. Psychotherapy services are limited to forty-five (45) hours per calendar year. Partial care services are limited to fifty-six (56) hours per week per eligible recipient. Psychological evaluation, speech and hearing evaluations, physical therapy evaluation, and occupational therapy evaluation, and diagnostic services are limited to twelve (12) hours for each eligible recipient per calendar year. Diabetic education and training services are limited to twenty-four (24) hours of group counseling and twelve (12) hours of individual counseling through a diabetic education program or by a certified diabetic educator recognized by the American Diabetes Association.

- b. Rural Health Clinics: Services provided by nurse practitioners are limited to Section 54-1402(d) of Idaho Code. Services provided by physician assistants are limited to Section 54-1803(11) of the Idaho Code.

- c. Federally Qualified Health Centers: Federally qualified health centers provided within the scope, amount, and duration of the State's medical Assistance Program as described under Attachment 3.1A, sections 5., 5., 7.c., 8., 9.11, 9.2., 11.a., 13., 17., 20., 21., 23.a.-d.

3. Other Laboratory and X-ray Services: Other laboratory and x-ray services are provided upon and under the direction of a physician or other licensed practitioner.

Excluded Services: Laboratory and/or x-ray procedures which are associated with excluded services found in Sections 3.1A1 and 3.1A5 of this plan are excluded from payment.

TNS 97-002

4-16-97

DATE

TNS 91-20

1-1-97

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4. a. **SKILLED NURSING CARE SERVICES** must have prior authorization before payment is made. Such prior authorization is initiated by the eligibility examiner who secures consultation from the Regional inspection of care to review for a medical decision as to eligibility for nursing facility services and authorization of payment (age 21 and older).
- b. **HEALTH CHECK—EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT).**
Services under Health Check are available to all MA recipients up to and including the month of their twenty-first (21st) birthday.

EPSDT Services. EPSDT services include diagnosis and treatment involving medical care within the scope of MA, as well as dental services, eyeglasses, and hearing aids, and such other necessary health care described in Section 1905(a) of the Social Security Act, and not included in the Idaho Title XIX State Plan as required to correct or ameliorate defects and physical and mental illness discovered by the screening service. The Department will set amount, duration and scope for services provided under EPSDT. Needs for services discovered during an EPSDT screening which are outside the coverage provided by the Rules Governing Medical Assistance must be shown to be medically necessary and the least costly means of meeting the recipient's medical needs to correct or improve the physical or mental illness discovered by the screening and ordered by the physician, nurse practitioner or physician's assistant. The Department will not cover services for cosmetic, convenience or comfort reasons. Any services requested which is covered under Title XIX of the Social Security Act that is not identified in these rules specifically as a Medicaid covered service will require preauthorization for medical necessity prior to payment for that service. Any service required as a result of an EPSDT screen and which is currently covered under the scope of the Idaho Medicaid program will not be subject to the existing amount, scope, and duration, but will be subject to the authorization requirements of those rules. The additional service must be documented by the attending physician as to why it is medically necessary and that the service requested is the least costly means of meeting the recipient's medical needs. Preauthorization from the Department or its designee will be required prior to payment as specified in the Medical Vendor Provider Handbook. Those services that have not been shown or documented by the attending physician to be the least costly means of meeting the recipient's medical needs are the responsibility to the recipient.

Well Child Screens. Periodic medical screens should be completed at the following intervals as recommended by the AAP, Committee in Practice and Ambulatory Medicine, September 1987. Physicians and physician extenders will

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be required to bill using the appropriate Physician's Current Procedural Terminology (CPT) codes, under section "Preventive Medicine Services". EPSDT RN screeners will be required to bill using codes established by the Department, except when the EPSDT RN screener is an employee of a rural health clinic, Indian Health Clinic, or federally qualified health clinic. One (1) screen at or by age one (1) month, two (2) months, three (3) months, four (4) months, six (6) months and nine (9) months. One (1) screen at or by age twelve (12) months, fifteen (15) months, eighteen (18) months and twenty-four (24) months. One (1) screen at or by age three years, age four (4) years and age five (5) years. One (1) screen at or by age six (6) years, age eight (8) years, age ten (10) years, age twelve (12) years and age fourteen (14) years. One screen at or by age sixteen (16) years, age eighteen (18) years and age twenty (20) years. One screen at initial program entry, up to the recipient's twenty-first birthday. Interperiodic medical screens are screens that are done at intervals other than those identified in the basic medical periodicity schedule in section 537., and must be performed by physician or physician extender. Interperiodic screens will be required to be billed using the correct Physician's Current Procedural Terminology (CPT) under section "Evaluation and Management". Interperiodic screens will be performed when there are indications that it is medically necessary to determine whether a child has a physical or mental illness or condition that may require further assessment, diagnosis, or treatment. Interperiodic screening examinations may occur in children who have already been diagnosed with an illness or condition, and there is indication that the illness or condition may have become more severe or changed sufficiently, so that the further examination is medically necessary. Developmental screening is considered part of every routine initial and periodic examination. If the screening identifies a developmental problem then a developmental assessment will be ordered by the physician and be conducted by qualified professionals. EPSDT RN screeners will routinely refer all clients to primary care providers. EPSDT clients ages two (2) weeks to two (2) years shall receive at least one (1) of their periodic or inter-periodic screens annually from a physician or physician extender unless otherwise medically indicated. A parent or guardian may choose to waive this requirement. EPSDT RN screeners will refer clients for further evaluation, diagnosis and treatment to appropriate services (e.g. physician, registered dietitian, developmental evaluation, speech, hearing and vision evaluation, blood lead level evaluation). Efforts shall be made to assure that routine screening will not be duplicated for children receiving routine medical care by a physician.

Vision Services. The Department will provide vision screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate vision screen. The guidelines coincide with certain scheduled medical screens, as specified in section 537 of these rules, the vision

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screen is considered part of the medical screening service, (i.e. eye chart). The Department will pay for one (1) eye examination by an ophthalmologist or optometrist during any twelve (12) month period for each eligible recipient to determine the need for glasses to correct or treat refractive error as outlined in Section 122. Each eligible MA recipient, following a diagnosis of visual defects and a recommendation that eyeglasses are needed for correction of a refractive error, can receive one (1) pair of eyeglasses per year, except in the following circumstances: In the case of a major visual change, the Department can authorize purchase of a second pair of eyeglasses and can authorize a second eye examination to determine that visual change; or the Department may pay for replacement of lost glasses or replacement of broken frames or lenses. New frames will not be purchased if the broken frame can be repaired for less than the cost of new frames if the provider indicates one of these reasons on his claim. If repair costs are greater than the cost of new frames, new frames may be authorized.

Hearing Aids and Services. The Department will provide hearing screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate hearing screen. The guidelines coincide with certain scheduled medical screens, in accordance with Subsection 100.02, the hearing screen is considered part of the medical screening service. EPSDT hearing services will pay for audiology services and supplies ordered by a licensed physician and supplied by a physician or certified audiologist, in accordance with Section 108, with the following exceptions: When binaural aids are requested they will be authorized if documented to the Department's satisfaction, that the child's ability to learn would be severely restricted. When replacement hearing aids are requested, they may be authorized if the requirements in Subsections 108.03.a. through 108.03.d. are met. The Department will purchase additional ear molds after the initial six (6) months to one (1) year period if medically necessary. Requests in excess of every six (6) months will require prior authorization and documentation of medical need from either the attending physician or audiologist.

EPSDT Registered Nurse Screener. A licensed professional nurse (RN) who is currently licensed to practice in Idaho, and who meets the following provisions: Can produce proof of completion of the Medicaid Child Assessment training course (or equivalent as approved by Medicaid) that: Prepares the RN to identify the difference between screening, diagnosis, and treatment; and prepares the RN to appropriately screen and differentiate between normal and abnormal findings. Includes at least five (5) days didactic instruction in child health assessment, accompanied by a component of supervised clinical practice. Is employed by a physician, district health department, rural health clinic, Indian

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Health Clinic, or federally qualified health clinic in order to provide linkage to primary care services. The employers must have a signed Medical Provider Agreement and Provider Number. Has established agreement with a physician or nurse practitioner for consultation on an as-needed basis.

Private Duty Nursing Service. PDN Service provided by a nurse licensed to practice in Idaho to certain eligible children for whom the need for such service has been identified in an EPSDT screen. Private Duty Nursing services are nursing services provided by a licensed professional nurse or licensed practical nurse to a non-institutionalized child under the age of twenty-one (21) requiring care for conditions of such medical severity or complexity that skilled nursing care is necessary. The nursing needs must be of such a nature that the Idaho Nursing Practice Act, Rules, Regulations, or Policy require the service to be provided by an Idaho Licensed Professional Nurse (RN), or by an Idaho Licensed Practical Nurse (LPN), and require more individual and continuous care than is available from Home Health nursing services. PDN services must be authorized by the Department or its designee to delivery of service.

- i. PDN Services must be ordered by a physician, and include: A function which can not be delegated to an Unlicensed Assistive Personnel (UAP) as defined by Idaho Code and Administrative Rules of the Idaho State Board of Nursing. An assessment by a licensed professional nurse of a child's health status for unstable chronic conditions, which includes: A medical status that is so complex or unstable, as determined by the attending physician, that licensed or professional nursing assessment is needed to determine the need for changes in medication or other interventions; or A licensed or professional nursing assessment to evaluate the child's responses to interventions or medications. PDN Services may be provided only in the child's personal residence or when normal life activities take the child outside of this setting. However, if service is requested only to attend school or other activities outside of the home, but does not need such services in the home, private duty nursing will not be authorized. The following are specifically excluded as personal residences: Licensed Nursing Facilities (NF); and Licensed Intermediate Care Facilities for the Mentally Retarded (ICF/MR); and Licensed Residential Care Facilities; and Licensed hospitals; and Public or private school. Services delivered must be in a written plan of care, and the plan of care must: Be developed by a multi-disciplinary team to include, at a minimum, the parent or legal guardian, the primary PDN RN or RN Supervisor and a representative from the Department or its designee. Include all aspects of the medical, licensed, and personal care services medically necessary to be performed including the amount, type, and frequency of such service; and must be approved and signed by the attending physician, parent

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or legal guardian, and primary PDN RN or RN supervisor, and a representative from the Department or its designee. Must be revised and updated as the child's needs change or upon significant change of the condition, but at least annually, and must be submitted to the Department or its designee for review and prior authorization of service. Status Updates must be completed every ninety (90) days from the start of services. The Status Update is intended to document any change in the child's health status. Annual plan reviews will replace the fourth quarter Status Update. The Status Update must be signed by both the parent or legal guardian and the primary RN Supervisor completing the form.

Redetermination Annually. Redetermination will be at least annually. The purpose of annual redetermination for PDN is to: Determine if the child continues to meet the PDN criteria in Section 545 of these rules. Assure that services and care are medically necessary and appropriate.

Factors Assessed For Redetermination. Factors assessed for redetermination include: The child is being maintained in their personal residence and receives safe and effective services through PDN services. The child receiving PDN services has medical justification and physician's orders. That there is an updated written plan of care signed by the attending physician, the parent or legal guardian, PDN RN supervisor, and a representative from the Department or its designee. That the attending physician has determined the number of PDN hours needed to ensure the health and safety of the child in his home.

Primary RN responsibility for PDN redetermination. Primary RN responsibility for PDN redetermination is to submit a current plan of care to the Department or its designee at least annually or as the child's needs change. Failure to submit to an updated plan of care to the Department or its designee prior to the end date of the most recent authorization will cause payments to cease until completed information is received and evaluated and authorization given for further PDN services. The plan of care must include all requested material outlined in Section 545.03.a thru .d of these rules.

Physician Responsibilities. Physician Responsibilities include: Provide the Department or its designee the necessary medical information in order to establish the child's medical eligibility for services based on an EPSDT screen. Order all services to be delivered by the private duty nurse. Review, sign and date child's Medical Plan of Care and orders at least annually or as condition changes. Determine if the combination of PDN Services along with other community resources are sufficient to ensure the

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health or safety of the child. If it is determined that the resources are not sufficient to ensure the health and safety of the child, notify the family and the Department or its designee and facilitate the admission of the child to the appropriate medical facility.

Private Duty Nurse Responsibilities. RN supervisor or an RN providing PDN services responsibilities include: Notify the physician immediately of any significant changes in the child's medical condition or response to the service of delivery. Notify the Department or its designee within forty-eight hours or on the first business day following a weekend or holiday of any significant changes in the child's condition or if the child is hospitalized at any time. Evaluate changes of condition Provide services in accordance with the nursing care plan. Private Duty Nurse ensures copies of records are to be maintained in the child's home. Records of care must include: The date. Time of start and end of service delivery each day. Comments on child's response to services delivered. Nursing assessment of child's status and any changes in that status per each working shift. Services provided during each working shift. The Medical Plan of Care signed by the physician, primary RN, the parent or legal guardian and a representative from the Department. In the case of LPN providers, document that oversight of services by an RN is in accordance with the Idaho Nursing Practice Act and the Rules and Policies of the Idaho Board of Nursing. RN Supervisor visits must occur at least once every thirty (30) days. Notify the physician if the combination of Private Duty Nursing Services along with other community resources are not sufficient to ensure the health or safety of the child.

- ii. Nutritional services include intensive nutritional education, counseling, and monitoring by a registered dietitian or an individual who has a baccalaureate degree granted by a U.S. regionally accredited college or university and has met the academic/professional requirements in dietetics as approved by the American Dietetics Association to assure the patient's proper nutrition is allowed. Payment is made at a rate established in accordance with Idaho Department of Health and Welfare Rules and Regulations Section 03.9060,04. Nutrition services must be discovered by the screening services and ordered by the physician; must be medically necessary; must not be due to obesity; and, if over two (2) visits per year are needed, must be authorized by the Bureau of Medicaid Policy and Reimbursement prior to the delivery of additional visits.
- iii. Drugs not covered by the Idaho Medicaid Program must be discovered as being medically necessary by the screening services; and must be ordered by

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